

## *Standard Packet Contents:*

- Form I-9
- Authorized County Driver Form/ Emergency Info Form
- Oath or Affirmation for Public Employees Form
- Orientation Checklist
- Pension Trust Membership Data and Designation of Beneficiary Form (2-sided)
- 2013 W-4 Form
- Authorization for Automatic Payroll Deposits (ACH) Form
- Paid Family Leave Information
- County Employee Parking Agreement
- Rideshare Information
- Rideshare Pretax and Interest Form
- SLOCEA Information and Payroll Authorization for Dues/ Fees  
(Not applicable to Management and Confidential Employees)

# Form I-9

[Click here \(http://www.uscis.gov/files/form/i-9.pdf\)](http://www.uscis.gov/files/form/i-9.pdf) for current I-9  
(will open in a PDF fillable form)

Employment Eligibility Verification		USCIS Form I-9 OMB No. 1515-0047 Expires 03/31/2014	
Department of Homeland Security U.S. Citizenship and Immigration Services			
<b>▶ START HERE.</b> Read instructions carefully before completing this form. The instructions must be available during completion of this form. <b>ANTI-DISCRIMINATION NOTICE:</b> It is illegal to discriminate against work-authorized individuals. Employers <b>CANNOT</b> specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.			
<b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)			
Last Name (Family Name)		First Name (Given Name)	Middle Initial
Address (Street Number and Name)		Apt. Number	City or Town
State		Zip Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Email Address	
		Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.			
I attest, under penalty of perjury, that I am (check one of the following):			
<input type="checkbox"/> A citizen of the United States			
<input type="checkbox"/> A noncitizen national of the United States (See instructions)			
<input type="checkbox"/> A lawful permanent resident (Alien Registration Number/USCIS Number): _____			
<input type="checkbox"/> An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)			
For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:			
1. Alien Registration Number/USCIS Number: _____			
OR			
2. Form I-94 Admission Number: _____			
If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:			
Foreign Passport Number: _____			
Country of Issuance: _____			
Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)			
Signature of Employee		Date (mm/dd/yyyy):	
<b>Preparer and/or Translator Certification</b> (To be completed and signed if Section 1 is prepared by a person other than the employee.)			
I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.			
Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code
Employer Completes Next Page			
Form I-9 03/09/13 N Page 7 of 9			

**COUNTY OF SAN LUIS OBISPO  
RISK MANAGEMENT**

**AUTHORIZED COUNTY DRIVER/EMERGENCY  
INFORMATION**

PLEASE COMPLETE FOR ALL EMPLOYEES/VOLUNTEERS

NAME:		
LOCAL MAILING ADDRESS:		
TELEPHONE NO.:	DATE OF BIRTH:	
DRIVER'S LICENSE NO:	EXPIRATION DATE:	CLASS:
AUTO INSURANCE CO.:	AUTO POLICY NO.:	

DRIVING RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT:	JOB CLASSIFICATION:
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PLEASE CIRCLE ONE:

Volunteer	Student Intern	Temp/Extra Help	Full Time Employee
Part Time Employee	Contract Employee		

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____	Telephone: _____
Address: _____	
Relationship to Employee: _____	

\_\_\_\_\_  
Employee's Signature      Date

\_\_\_\_\_  
Department Authorization      Date

*Original: Risk Management    Copy: Department File*

**OATH OR AFFIRMATION OF ALLEGIANCE FOR CIVIL DEFENSE  
WORKERS AND PUBLIC EMPLOYEES**

**STATE OF CALIFORNIA** }  
County of San Luis Obispo, } ss.

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitutions of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Name of the Department

Subscribe and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Title of Person Administering Oath)

INSTRUCTIONS: Chapter 8, Division 4, Title 1, of the Government Code, requires all public employees to take and subscribe to the above oath (or affirmation) and that said oath (or affirmation) be filed in the office of the county clerk within the first 30 days of employment. Any employee on authorized leave must take and subscribe to said oath (or affirmation) within 30 days of his return to work. NO COMPENSATION SHALL BE PAID ANY EMPLOYEE WHO FAILS TO COMPLY WITH THE ABOVE. Oaths may be administered by a Notary Public. No fee shall be charged by any person before whom the oath (or affirmation is taken or subscribed.

## ORIENTATION CHECKLIST

Employee's Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
(Please Print)

Department: \_\_\_\_\_

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To be used by the Supervisor when the new employee first reports for duty. The form must be completed and submitted to Human Resources with the new-hire PAF.

- ☐ 1. Welcome the new employee. Find out if they prefer a "nickname," and how he/she wishes to have it pronounced.
- ☐ 2. Ensure that the new employee is scheduled to attend the new employee orientation session.
- ☐ 3. Have employee sign the certification form, W-4 slip, retirement form, and loyalty oath. If an orientation kit has not been provided to you with the certification, obtain one from Human Resources and present it to the employee.
- ☐ 4. Have employee complete the Immigration and Naturalization Service Form I-9, *Employment Eligibility Verification*. Supervisor should verify and sign form. Attach copies of required documentation with Form I-9.
- ☐ 5. Discuss his/her job and point out its importance. If substitute or limited term, explain.
- ☐ 6. Tell employee about your department's organizational structure, chain of command, and how the department fits into the overall County operation. Explain consequences if departmental/County standards are not followed properly (refer to Civil Service Rule 14.02).
- ☐ 7. Briefly discuss your departmental rules and regulations (including telephone and e-mail usage). Use a positive approach: "We do this" instead of "Don't do that."
- ☐ 8. Tell employee about their duty hours, lunch hour and coffee breaks. Show employee the rest room, staff area, lunch room, and where to hang his/her hat and coat.
- ☐ 9. Inform employee of any special clothing or equipment requirements.
- ☐ 10. Discuss parking facilities and car pools. When applicable, inform employee about the option of purchasing a "passcard" for the Palm Street Parking Structure.
- ☐ 11. Review timekeeping procedures, pay days, step increases, and fringe benefits. If applicable, explain the confidential and management employee benefit package.
- ☐ 12. Review the probationary period provisions and performance rating systems, including performance standards. Show them the actual evaluation form to be used.
- ☐ 13. Review the Civil Service Rules. Any questions concerning Equal Employment Opportunity should be directed to the Affirmative Action Coordinator in the Administrative Office at 781-5011.

- ☐ 14. Give the employee a copy of the San Luis Obispo County Policy Against Discriminatory Harassment. Explain that the County is committed to providing employees a work environment free of unlawful discrimination. Schedule the employee for mandatory training on Preventing Discriminatory Harassment. Explain applicable health and safety procedures including the County's Workplace Violence Policy, and use of safety equipment as listed in Safety Orientation Checklist and County Injury Prevention Program (IPP).
- ☐ 15. Review vacation, sick leave, leave of absence and family leave policies; explain your department's procedures for requesting and approving such leaves.
- ☐ 16. Explain to employee that he/she must sign up for medical, dental and vision insurance (new employees are **not** automatically enrolled).
- ☐ 17. If applicable, explain to contract, temporary help, student interns, vocational rehabilitation trainees, and W.I.N. employees that they are not in the classified service, do not accrue seniority, and are not eligible for promotional examinations.
- ☐ 18. Tell employee your plans for his/her training, and introduce employee to his/her training "sponsor."
- ☐ 19. Show employee his/her place of work and introduce employee to his/her fellow workers.
- ☐ 20. Ask if he/she has any questions and answer them fully.
- ☐ 21. If applicable, have employee complete an "Assuming Office Statement of Economic Interest" (Form 700) available from the Clerk-Recorder's Office.
- ☐ 22. For employees who will be driving County vehicles, have him/her complete an "Authorized County Driver" form.

**Follow up!!! See that his/her training is coming along well!!!**

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As soon as all of the items have been covered, the employee and supervisor should sign the form. It is mandatory that this form be returned to Human Resources for inclusion in the employee's personnel file.

Employee's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**It is required that the following form be  
printed as a 2-sided document in order to be valid.**

**Membership Data and Designation of Beneficiary**  
**SAN LUIS OBISPO COUNTY PENSION TRUST**  
1000 Mill Street \* San Luis Obispo \* CA \* 93408  
Phone: (805) 781-5465

*Note: This form is to be completed for and by each permanent employee and appointed official as of the first day of employment or reinstatement.*

Probation ☐

Name \_\_\_\_\_ Membership Status: Miscellaneous ☐ Safety ☐

Social Security Number \_\_\_\_\_ Retirement Percent \_\_\_\_\_

Marital Status \_\_\_\_\_ Department \_\_\_\_\_

Sex: Male ☐ Female ☐ Effective Hire or Reinstatement Date \_\_\_\_\_

*The following is to be completed by the employee or appointed official:*

I. My correct date of birth is \_\_\_\_\_  
MONTH DAY YEAR

II. Please check appropriate box:

- a) I have ☐ previously been a member of the San Luis Obispo County Pension Trust, **or**  
I have not ☐ previously been a member of the San Luis Obispo County Pension Trust

**Note:** If a previous member, contact the Pension Trust Office immediately. Reinstatement of past retirement service and membership credits and establishment of an adjusted reduced personal payoff deduction rate may be possible.

Reinstatement of previous Pension Trust credits is important in the payment of active member death benefits. Reinstatement of previous credits is also important in meeting the minimum five years of Retirement Plan service credits for eligibility for "ordinary" permanent disability or service retirement benefits or for vesting rights upon employment termination. This five year minimum retirement service credit rule applies to all who become Pension Trust members after January 1, 1974.

- b) I have ☐ previously been a member of a RECIPROCAL retirement system and have retained my membership with that agency for future retirement benefits.

Note: If a previous member of another public retirement system, you may be entitled to future reciprocal benefits and a reduced contribution rate upon entering this plan. Please contact the Pension Trust Office for details.

III. I have designated my beneficiary or beneficiaries and the method of payment to such on the reverse side of this form.

\* I UNDERSTAND THAT ONLY IF I DESIGNATE SOMEONE OTHER THAN MY SPOUSE AS PRIMARY BENEFICIARY, HE/SHE MUST CONCUR WITH THE DESIGNATION AND SIGN BELOW.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

\* **SPOUSAL CONCURRENCE:** I, \_\_\_\_\_ (Print Name), am the spouse of the above named member. I have read and understand the foregoing MEMBERSHIP DATA AND DESIGNATION OF BENEFICIARY. I have also reviewed the beneficiary designations made by my spouse on the reverse of this form. I concur with these designations.

\_\_\_\_\_  
SPOUSAL SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

## DESIGNATION OF BENEFICIARY

I designate the following as beneficiary or beneficiaries to receive, in accordance with the method indicated, any payments to which the said beneficiary or beneficiaries may be entitled under the terms of the San Luis Obispo County Pension Trust Retirement Plan in the event of my death, subject to my right to change such beneficiary or beneficiaries:

NO.	CHECK <input checked="" type="checkbox"/> METHOD DESIRED	METHOD OF DESIGNATING BENEFICIARIES	LIST BENEFICIARIES BELOW	SHARE OF PAYMENT %
1		100% to the first person then living in the following list of beneficiaries.	LIST IN ORDER OF YOUR PREFERENCE	SHOW 100% FOR EACH BENEFICIARY
2		Designation of two or more beneficiaries, i.e., to the person designated in the proportions indicated, and in the event of the death of any one or more of such persons, the shares of such person or persons shall be apportioned to the beneficiaries' then living in proportion to the shares provided for each.	LIST IN ANY ORDER	SHOW % FOR EACH BENEFICIARY
3		Designation of a primary beneficiary and two or more contingent beneficiaries, i.e., to the person first named if surviving. If not, to the remaining persons designated in the proportions indicated, and in the event of the death of any one or more of such persons, the shares of such person or persons shall be apportioned to the beneficiaries' then living in proportion to the shares provided for each.	LIST PRIMARY FIRST, CONTINGENT FOLLOWING	SHOW 100% FOR PRIMARY BENEFICIARY AND % FOR EACH CONTINGENT BENEFICIARY

### BENEFICIARIES

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH	ADDRESS (CITY, STATE, ZIP)	SHARE OF PAYMENT %
	SPOUSE			

If none of the above-named beneficiaries is living at the time of my death, or if no individuals are designated as beneficiaries, or if the designation of individuals hereunder is ineffective, then said payments shall be payable to my estate.

If you wish to designate beneficiaries in a manner not provided for in any of the above methods, please notify the Board of Pension Trustees by letter stating the particular manner in which you wish the designation arranged.

It is important that you keep in mind the fact that you have a beneficiary. Under certain circumstances – marriage, divorce, death – you may want to change this beneficiary. This you should do promptly and properly when the need arises. A Change of Beneficiary form is available at the Pension Trust Office.

# Form W-4

Click here (<http://www.irs.gov/pub/irs-pdf/fw4.pdf>) for 2013 W-4  
(will open in a PDF fillable form)

## Form W-4 (2013)

**Purpose.** Complete Form W-4 so that your employer can withhold federal income tax from your pay. You must complete Form W-4 if you are an employee or self-employed individual. You must also complete Form W-4 if you are a partner in a partnership or a shareholder in a corporation. You must also complete Form W-4 if you are a trustee of a trust or a beneficiary of a trust. You must also complete Form W-4 if you are a partner in a partnership or a shareholder in a corporation. You must also complete Form W-4 if you are a trustee of a trust or a beneficiary of a trust.

**Example: how withholding.** If you are married, you may want to claim a tax credit for yourself and your spouse. If you are married, you may want to claim a tax credit for yourself and your spouse. If you are married, you may want to claim a tax credit for yourself and your spouse. If you are married, you may want to claim a tax credit for yourself and your spouse.

**Notes.** If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4. If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4. If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4.

**How to complete.** If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4. If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4. If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4.

Complete all worksheets that apply. However, you may claim a refund for any over-withholding. For example, if you are married and you are claiming a tax credit for yourself and your spouse, you may want to claim a tax credit for yourself and your spouse. If you are married and you are claiming a tax credit for yourself and your spouse, you may want to claim a tax credit for yourself and your spouse.

**Head of household.** Generally, you can claim a tax credit for yourself and your spouse. If you are married and you are claiming a tax credit for yourself and your spouse, you may want to claim a tax credit for yourself and your spouse. If you are married and you are claiming a tax credit for yourself and your spouse, you may want to claim a tax credit for yourself and your spouse.

**Tax credits.** You may also be eligible for a tax credit for yourself and your spouse. If you are married and you are claiming a tax credit for yourself and your spouse, you may want to claim a tax credit for yourself and your spouse. If you are married and you are claiming a tax credit for yourself and your spouse, you may want to claim a tax credit for yourself and your spouse.

**Refundable income.** If you have a large amount of refundable income, such as a refund of a tax credit, you may want to claim a tax credit for yourself and your spouse. If you are married and you are claiming a tax credit for yourself and your spouse, you may want to claim a tax credit for yourself and your spouse.

**Private development.** If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4. If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4. If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4.

### Personal Allowances Worksheet (Keep for your records.)

<b>A</b> Enter "1" for yourself if no one else can claim you as a dependent	<b>A</b>
<b>B</b> Enter "1" if:	<b>B</b>
• You are single and have only one job; or	
• You are married, have only one job, and your spouse does not work; or	
• Your wages from a second job or your spouse's wages (for the total of both) are \$1,600 or less.	
<b>C</b> Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)	<b>C</b>
<b>D</b> Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	<b>D</b>
<b>E</b> Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	<b>E</b>
<b>F</b> Enter "1" if you have at least \$1,050 of child or dependent care expenses for which you plan to claim a credit. <b>Note.</b> Do not include child support payments. See Pub. 540, Child and Dependent Care Expenses, for details.	<b>F</b>
<b>G</b> <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 572, Child Tax Credit, for more information.	
• If your total income will be less than \$45,000 (\$45,000 if married), enter "1" for each eligible child.	
• If your total income will be between \$45,000 and \$45,000 (\$45,000 if married), enter "1" for each eligible child.	
<b>H</b> <b>Additional income tax.</b> If you have a large amount of additional income, such as a refund of a tax credit, you may want to claim a tax credit for yourself and your spouse. If you are married and you are claiming a tax credit for yourself and your spouse, you may want to claim a tax credit for yourself and your spouse.	

For accuracy, complete all worksheets that apply.

• If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4. If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4. If you are a partner in a partnership or a shareholder in a corporation, you must also complete Form W-4.

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### Employee's Withholding Allowance Certificate

**Form W-4** (2013)

**1** Your full name (last, first, middle initial) \_\_\_\_\_

**2** Your social security number \_\_\_\_\_

**3** Your marital status (check one):

☐ Single ☐ Married ☐ Married, but withheld as higher single rate. **Note.** If married, but legally separated or spouse has no withheld tax, check the "Single" box.

**4** If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ☐ **Check here.**

**5** Total number of allowances you are claiming (from line 5 above or from the applicable worksheet on page 3) \_\_\_\_\_

**6** Additional amount, if any, you want withheld from each paycheck \_\_\_\_\_

**7** I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption:

• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability; and

• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. **Exempt**

Under penalties of perjury, I declare that I have examined this certificate, and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**8** Employer's name and address (Employer: Complete lines 8 and 9 only if sending to the IRS.) **9** Employer's tax identification number (EIN) \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act notices, see page 2. Tax No. 1522102 Form W-4 (2013)

# COUNTY OF SAN LUIS OBISPO

## AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS (ACH)

Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_ Last 4 digits of SSN# \_\_\_\_\_

I authorize the County of San Luis Obispo to credit my account at:

Action: A = Add C = Change D = Delete \* *Please attach a voided check for Add and Change Actions.*

MAIN Bank: \*

Action: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
100% or Balance of Pay

Routing Number: \_\_\_\_\_ (please contact your bank for their ABA routing number)

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

OTHER Bank: \*

Action: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Routing Number: \_\_\_\_\_ (please contact your bank for their ABA routing number)

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

OTHER Bank:

Action: \_\_\_\_\_ Savings Account Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Routing Number: \_\_\_\_\_ (please contact your bank for their ABA routing number)

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

OTHER Bank:

Action: \_\_\_\_\_ Savings Account Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Routing Number: \_\_\_\_\_ (please contact your bank for their ABA routing number)

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This authorization will remain in effect until the County receives a new authorization indicating a change in status. The County may terminate this automatic deposit arrangement after ten (10) days written notice.

Please note that the County does not print hard copies of remuneration statements. Statements can be viewed and printed for any pay period through the County's Employee Self Service.

I will hold the County harmless for any delays in depositing my pay, which are caused by circumstances beyond its direct control.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Fast facts about Paid Family Leave

- Provides benefits but does not provide job protection or return rights.
- Provides eligible workers partial wage replacement when taking time off work to care for a parent, child, spouse, registered domestic partner or to bond with a new child.
- Covers employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to 6 weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.
- Paid Family Leave benefits are considered taxable income.

## In California, it's the law. **Paid Family Leave** Benefits

The time to care. 1-877-238-4373

To apply online or for more  
information, visit:

[www.edd.ca.gov/disability](http://www.edd.ca.gov/disability)

1-877-238-4373 (English)  
1-877-379-3819 (Español)  
1-866-692-5595 (Cantonese)  
1-866-692-5596 (Vietnamese)  
1-866-627-1567 (Armenian)  
1-866-627-1568 (Punjabi)  
1-866-627-1569 (Tagalog)  
1-800-445-1312 (TTY)

EDD is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to  
individuals with disabilities. Requests for services, aids,  
and/or alternate formats need to be made by calling  
1-877-238-4373 (voice), or TTY 1-800-445-1312.

This pamphlet is for general information only and does  
not have the force and effect of law, rule or regulation.

State of California



**A financial safety net  
for California workers  
when the need is there.**

Paid Family Leave Program.

## Paid Family Leave benefits for California workers

There may be times in the life of a working person when they need to care for a loved one. Whether it's a working parent bonding with a newborn, or an employee caring for a seriously ill parent, child, spouse, or registered domestic partner, California's Paid Family Leave program was created for these times (**Note:** Registered domestic partners must meet requirements and register with the California Secretary of State to be eligible for benefits).



## A program benefiting you and your family

California leads the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. Paid Family Leave (PFL) benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, view the link to the *Disability Insurance (DI) & Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments* form, DE 2589 at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

## Paid Family Leave for California employees

**Paid Family Leave benefits do not provide job protection or return rights.** Job protection **may** be provided **if** your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. Notify your employer of the reason for taking leave in a manner consistent with your company's leave policy.

To qualify for Paid Family Leave benefits, you must meet the following requirements:

- Be covered by State Disability Insurance (SDI) (or a voluntary plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Supply medical information supporting your claim that the care recipient has a serious health condition and requires your care.
- Submit your claim no earlier than 9 days, but no later than 49 days after the first day your family care leave began.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- Use up to two weeks of any earned but unused vacation leave or paid time off (PTO) if required by your employer prior to the initial receipt of benefits.
- Serve a 7-day unpaid waiting period before benefits begin for each different care recipient within the 12-month period.

**You may not** be eligible for benefits if:

- You are receiving Disability Insurance, Unemployment Insurance, or Workers' Compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not suffering a loss of wages.
- The need for care is not supported by the certificate of a treating physician or practitioner.
- You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for decision affecting your benefits.
- Appeal decisions about your eligibility for benefits (Appeals must be sent to Paid Family Leave in writing.)



- A hearing of your appeal before an Administrative Law Judge (ALJ). Decisions may be further appealed to the California Unemployment Insurance Appeals Board and the courts.
- Privacy — Information about your claim will be kept confidential except for the purposes allowed by law.

## Apply for benefits

Apply for Paid Family Leave benefits online at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability). Employers and physicians/practitioners can submit claim information through SDI Online. You may also file a paper form. To request a claim form visit [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

If you are currently receiving SDI pregnancy-related benefits, it is not necessary to request a PFL claim form. PFL claim filing information will be sent through your SDI Online account or via mail when your pregnancy-related disability claim ends.

## Contact Paid Family Leave

For questions about Paid Family Leave benefits, please visit [www.edd.ca.gov/Disability/Paid\\_Family\\_Leave.htm](http://www.edd.ca.gov/Disability/Paid_Family_Leave.htm).

**1-877-238-4373 (English) 1-877-379-3819 (Español)**  
**1-866-692-5595 (Cantonese) 1-866-692-5596 (Vietnamese)**  
**1-866-627-1567 (Armenian) 1-866-627-1568 (Punjabi)**  
**1-866-627-1569 (Tagalog) 1-800-445-1312 (TTY)**

For more information, visit: [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability)  
Claim forms should be mailed to Paid Family Leave at:  
P.O. Box 997017, Sacramento, CA 95799-7017



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# County of San Luis Obispo

## ***Commute + Program***

### Transportation Pre-tax Employee Payroll Deduction Form

As an employee of the County of San Luis Obispo, my signature below authorizes the County Auditor-Controller's Office to deduct from the second (2<sup>nd</sup>) paycheck of each month the identified amounts for the following transportation services. In return, the designated transportation agency will provide me a monthly pass for services for the month following the deduction from my paycheck. This program is applicable to individuals who will utilize the following commuter transportation services on a consistent basis.

Please indicate the type of deduction you wish to add or change:

- |  |  |
|--|--|
| <input type="checkbox"/> Transit Deduction | <input type="checkbox"/> New or Change in Existing Deduction |
| <input type="checkbox"/> Vanpool Deduction | <input type="checkbox"/> Termination of Existing Deduction   |

Name (First, M.I., Last) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County Department Employed \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Employee E-mail Address \_\_\_\_\_

Work Telephone # \_\_\_\_\_

I understand that my request will be processed as soon as feasible, usually within two weeks of my request, and will remain active until this agreement is terminated. **It is my responsibility to notify SLO Regional Rideshare to activate or terminate this agreement. If I decide to terminate the agreement, I must print out, sign the bottom of this form and return to SLO Regional Rideshare. SLO Regional Rideshare will contact the appropriate transportation agency and will forward any changes to the Auditor-Controller's Office.** My deduction will remain active until the deduction no longer appears on my paycheck (usually within two weeks of signing the termination request).

Please note that transportation fees may change in the future. You will be notified prior to these changes occurring by the appropriate transportation agency. In addition, it is the employee's responsibility to advise the appropriate transportation agency of any changes in the above information (name, home address, phone, department, or e-mail address) *within (5) working days of change*. By signing this authorization, you also agree to allow the deduction amount to be adjusted for any future change in transportation fees and that you have read and will follow the above terms in use.

*Please note: It is the **employee's** responsibility to maintain records to substantiate incurred transportation costs for IRS audit purposes.*

#### Deduction from my paycheck

#### Monthly Pass

#### Punch Pass

#### Regional Pass

Transit Deduction Monthly Pass:

RTA \_\_\_\_\_

SCAT \_\_\_\_\_

SLO Transit \_\_\_\_\_

Vanpool Deduction \_\_\_\_\_

If the deduction is a change, what was your previous deduction? \$ \_\_\_\_\_

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

The form must be returned to SLO Regional Rideshare at 1150 Osos Street, Suite 202 San Luis Obispo, CA 93401. SLO Regional Rideshare will forward the form to the appropriate transportation provider and the Auditor-Controller's Office.

\*\*\*\*\* **Transit Use Only** \*\*\*\*\*

Date submitted to the County: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_



# San Luis Obispo County Employees' Association

1035 Walnut Street, San Luis Obispo, CA 93401  
(805) 543-2021 - Fax (805) 543-4039 - Email: [info@slocea.org](mailto:info@slocea.org)

Dear County Employee:

On behalf of all of our members, congratulations on your new position with the County of San Luis Obispo!

SLOCEA represents your job classification on collective bargaining matters. Under our contract, SLOCEA and the County of San Luis Obispo have a "Fair Share"/Agency Shop Agreement in place for classifications in your bargaining unit. As a condition of employment with the County of San Luis Obispo, this Agreement requires bargaining unit employees to either join SLOCEA and enjoy the many benefits of membership or pay a Fair Share service fee for the representation we provide on your behalf pertaining to wages, hours and working conditions.

SLOCEA's current dues each pay period are comprised of a flat fee of \$3.00 plus 40% of one hour's pay. The Fair Share fee collected each pay period is 94.4% of SLOCEA's \$3.00 flat fee (\$2.83) plus 37.76% of one hour's pay ( $0.944 \times 40\% = 37.76\%$ ). Here is a comparison of SLOCEA membership dues verses agency fees:

<b>Employee's Hourly Salary:</b>	\$9.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00
<b>Full Membership Dues:</b>	\$6.60	\$7.00	\$9.00	\$11.00	\$13.00	\$15.00	\$17.00	\$19.00
<b>Fee Payer:</b>	\$6.23	\$6.61	\$8.49	\$10.38	\$12.27	\$14.16	\$16.05	\$17.93
<b>Difference Per Pay Period:</b>	\$0.37	\$0.39	\$0.51	\$0.62	\$0.73	\$0.84	\$0.95	\$1.07

We have enclosed a copy of the "Membership Dues/Service Fee Notice," also referred to as the "Hudson Notice," which explains the existing Agreement. An "Authorization of Payroll Deduction" form is also enclosed. You can become a full member and receive the many benefits we offer by checking the Association Membership box. If you decide to check either the Fair Share Fee or the Conscientious Objector box, or if we do not hear from you within 30-days of your hire date, the County will automatically deduct the Fair Share Fee from your paycheck.

We welcome any questions or comments you may have and encourage you to contact us at (805) 543-2021 or visit our website at [www.slocea.org](http://www.slocea.org). We do hope you choose to become a member of SLOCEA and look forward to the opportunity to serve you.

Best Regards,

Ron Coleman  
President

RC/sh  
Enclosures

# What Can SLOCEA Do For Me?

*Your Voice, Your Vote  
Your Association!  
Member-Governed  
Since 1947*

Join Our Team Today!

# BENEFITS SUMMARY OF SLOCEA MEMBERSHIP

## Powerful Advocate

- Effective voice for San Luis Obispo public employees since 1947
- Full-time, professional staff with a successful track record for public employees

## Local Control

- Completely independent employees' association—all dues money stays here in San Luis Obispo County and is not forwarded to outside union headquarters
- The members elect their Board of Directors and Negotiating Teams
- Only members vote to accept or reject Memoranda of Understanding (contracts)
- Local business office in San Luis Obispo, open to members on all business days

## Grievance/Appeal Representation

- Professional, experienced staff to assist in resolving workplace concerns
- Successful track record in getting positions reclassified, suspensions rescinded, evaluations adjusted and disciplinary actions overturned
- Free consultation and confidential advice
- Free representation in the grievance/appeal process, through Civil Service Commission

## Legislative Representation

- Member of a coalition of public employee groups with a full time, paid staff lobbyist in Sacramento
- Political Action Committee support for local non-partisan candidates based on strict policy guidelines & political activity on issues of interest to public employees

## Financial Planning and Insurance

- Free financial planning services for members: 544-5311
- Free life insurance policy at no cost for all members
- Group rates for supplemental insurance and most premiums are payroll deductible

## Scholarships, Funds and Bonuses

- Academic Scholarship Program annually awards up to \$3,000 for members and families
- Members Benefit Fund provides financial assistance in a time of an emergency situation
- Recruitment bonus for members up to \$30 per new SLOCEA member

## Discounts and Services

- State-wide discounts for amusement parks, hotels, car rentals, vacation packages
- SLOCEA Discount Program booklet with valuable discounts to local businesses
- Free notary services, conveniently available at SLOCEA's office
- Discounted Legal Services Program: local attorneys, free consultation and document review with a 30% discount on most services thereafter

## Current, Topical Information

- SLOCEA Web site, updated weekly, with current information: [www.slocea.org](http://www.slocea.org)
- "Hotline" mailed to members' homes when salary and/or benefit changes are negotiated & "Notice of Meeting" for general membership and bargaining unit meetings
- Monthly newspaper, *The County Blade*, mailed to all members' homes
- Access to up-to-date information on all employment issues available to members by simply calling the SLOCEA office at 543-2021 during business hours

# YOU HAVE A RIGHT TO REPRESENTATION

*Below are some of the statutes and court decisions under which the San Luis Obispo County Employees' Association (SLOCEA) provides representation and services:*

**Meyers-Milias-Brown Act (MMBA):** State legislation enacted giving public employees the right to organize and to have an exclusive representative address issues of wages, hours and working conditions with their employing agency, i.e. county, city, community service district, water authority, etc.

**Weingarten Decision:** United States Supreme Court decision stating that employees are entitled to labor representation at any meeting between an employee and an employer when the employee reasonably believes that the meeting may ultimately result in disciplinary action.

**Skelly Decision:** State Supreme Court decision ensuring that employees are entitled to "due process" and an opportunity to respond to charges of misconduct before disciplined or dismissed.

**Fair Labor Standards Act (FLSA):** Federal law setting minimum requirements and standards for hours of work, including overtime compensation.

**Family and Medical Leave Act (FMLA):** Federal and state laws allowing employees up to 12 weeks annually of paid or unpaid leave for major personal and/or family illness or care.

**Additional rights can sometimes be negotiated with an employee's supervisor. There are also many county rules and policies that provide county employees with rights in the workplace, such as:**

**Performance Evaluations:** Employees have the right to appeal less than "satisfactory" performance evaluations. Employees also have the right to attach to the evaluation a written rebuttal refuting an overall rating, as well as any rating or comment contained within the evaluation.

**Disciplinary Actions:** Employees have the right to representation regarding any written or formal adverse action against them, including written counseling memos, work performance memos, less than "satisfactory" evaluations, and letters of reprimand. Members needing representation on such matters should contact SLOCEA immediately.

**Grievances:** A grievance is a claim or charge of misunderstanding, or difference in interpretation, or violation of provisions of Civil Service Rules, Personnel Policies, our memorandum of understanding (MOU), county policies or regulations including but not limited to administrative and/or departmental regulations which affect wages, hours, or other terms and conditions of employment; pursuant to our MOU, grievances must be filed within five (5) working days from the date of incident.

**Violence in the Workplace:** Employees must report all such instances immediately to their supervisor or higher authority. Members impacted by violence in the workplace should contact SLOCEA immediately.

**Sexual Harassment:** Employees must report all instances immediately to their supervisor or higher authority. Members impacted by sexual harassment should contact SLOCEA immediately.

**Review of Personnel Files:** Employees are entitled to review their departmental and/or county personnel file upon request and making the appropriate arrangements.

*Rights in the workplace are yours.*

*For more information, contact your SLOCEA representative.*

*1035 Walnut Street, San Luis Obispo (805) 543-2021*



# San Luis Obispo County Employees' Association

1035 Walnut Street, San Luis Obispo, CA 93401  
(805) 543-2021 - Fax (805) 543-4039 - Email: [info@slocea.org](mailto:info@slocea.org)

## MEMBERSHIP DUES/SERVICE FEE NOTICE

The San Luis Obispo County Employees' Association (SLOCEA) and the County of San Luis Obispo have implemented an agreement that requires employees in the Trades, Crafts, and Services, Public Services, Clerical, and Supervisory Bargaining Units to either join the San Luis Obispo County Employees' Association (SLOCEA) and become a dues-paying member with all the rights, benefits and privileges of membership, or decline membership in SLOCEA and instead pay to SLOCEA a Fair Share service fee covering the costs of representation for contract negotiation, enforcement and administration as permitted by law. Under limited circumstances, employees may be eligible for "conscientious objector" status permitting you to decline membership in SLOCEA and decline paying a Fair Share service fee to SLOCEA. Instead, a conscientious objector would pay an amount equivalent to a Fair Share service fee to a non-religious, non-labor charitable organization.

As a condition of employment with the County of San Luis Obispo, employees in the Trades, Crafts, and Services, Public Services, Clerical and Supervisory Bargaining Units must either become a **member of SLOCEA**, a **Fair Share fee payer**, or a bona fide **conscientious objector within thirty (30) days of their hire date**. If you do not elect one of these options, the county will automatically place you in the category of a Fair Share fee payer and collect those fees. An *Authorization of Payroll Deduction for SLOCEA Membership Dues or Fair Share Fees* form has been enclosed for this purpose. For your convenience, please return the completed form using one of the following: the enclosed self-addressed envelope; an inter-office manila envelope; or hand-deliver to our office located at 1035 Walnut Street in San Luis Obispo. We will process your application promptly and send you information on SLOCEA services and benefits that you will be entitled to should you choose to become a member.

### **Why Become a SLOCEA Member?**

SLOCEA serves as your collective bargaining representative and is required by law to protect the interests of bargaining unit employees in matters related to wages, hours, and working conditions with the county. We strongly urge you to join SLOCEA because, as a dues paying member, you will have benefits and rights not available to you as a Fair Share fee payer. As a member, you have the right to participate fully in the internal activities of SLOCEA, including the right to vote in elections of your SLOCEA Officers, Directors and representatives; as well as the right to run for office and to hold positions of leadership. As a member, you also vote to accept or reject contracts or collective bargaining agreements covering your wages, your benefits and your working conditions. As a member, you have the right to attend SLOCEA meetings and to have a political voice here in the county and in the state capitol. These are important times for public employees and their families. The state legislature has before it several bills that will take away hard-earned public employee pensions and other benefits, as well as unfairly limit our ability to participate in the political process.

SLOCEA members also enjoy valuable discounts for insurance, legal services, entertainment and for local goods and services, in addition to free financial planning. Please see the enclosed document *Benefits of Full Membership* or visit the SLOCEA's website at [www.slocea.org](http://www.slocea.org) for more information.

Remember that SLOCEA's strength comes from active members whose dedication and efforts make it possible for SLOCEA to achieve better wages, benefits and other terms of employment in contract negotiations with the county.

If you want to become a member of SLOCEA, please complete the enclosed authorization form and return it to SLOCEA.

### How Is the Fair Share Service Fee Calculated and How Much Is It?

The Fair Share fee has been calculated and designated based on SLOCEA's expenditures for collective bargaining, processing grievances, MOU (contract) administration and representation of employees in disputes relating to the MOU, as well as other relevant activities affecting the terms and conditions of your employment.

Certified Public Accountant Allen Monahan has completed an annual audit of SLOCEA's finances for the fiscal year ending December 31, 2010. His report verified that 94.4% of SLOCEA's total expenditures are "chargeable" to Fair Share fee payers in accordance with the legal definition of "chargeable." A copy of Mr. Monahan's audit is available for your review. Please call SLOCEA's business office at 543-2021 to make an appointment to review this audit during SLOCEA's regular business hours.

If you decline SLOCEA membership, you are nonetheless required as a condition of employment with the County of San Luis Obispo to pay a Fair Share fee each pay period. SLOCEA's current dues collected each pay period are comprised of a flat fee of \$3.00 plus 40% of one hour's pay. The Fair Share fee collected each pay period is 94.4% of SLOCEA's \$3.00 flat fee (\$2.83) plus 37.76% of one hour's pay ( $0.944 \times 40\% = 37.76\%$ ). Here is a comparison of SLOCEA membership dues verses Fair Share fees:

<b>Employee's Hourly Salary:</b>	\$9.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00
<b>Full Membership Dues:</b>	\$6.60	\$7.00	\$9.00	\$11.00	\$13.00	\$15.00	\$17.00	\$19.00
<b>Fee Payer:</b>	\$6.23	\$6.61	\$8.49	\$10.38	\$12.27	\$14.16	\$16.05	\$17.93
<b>Difference Per Pay Period:</b>	\$0.37	\$0.39	\$0.51	\$0.62	\$0.73	\$0.84	\$0.95	\$1.07

The Fair Share fee is a legal and enforceable charge under both state and federal law, as interpreted and applied by the courts, including the United States Supreme Court (*Chicago Teachers Union v. Hudson*). Additionally, the law authorizes the County as your employer to deduct this Fair Share fee from your paycheck.

The criteria for determining the Fair Share fee has been approved by the courts and are considered when allocating the following "**chargeable**" costs and expenses:

1. Governing the Association.
2. Gathering information in preparation for the negotiation of collective bargaining agreements.
3. Gathering information from employees concerning collective bargaining positions and proposals.
4. Negotiating collective bargaining agreements (contracts, Memorandum of Understanding (MOU)).

5. Adjusting grievances pursuant to the provisions of collective bargaining agreements and otherwise enforcing collective bargaining agreements.
6. Ratification of negotiated agreements.
7. Public advertising of collective bargaining agreements and negotiations related thereto, as well as matters relating to representational interests in the collective bargaining process and in contract administration.
8. Purchasing publications used in negotiating and administering collective bargaining agreements.
9. Paying technicians and professionals in labor law, economics and other subjects for use in negotiating and administering collective bargaining agreements, and in processing grievances.
10. Membership meetings and conventions, including the cost of sending representatives to such meetings and conventions.
11. Expenditures for the publishing of those portions of flyers and newsletters that in part concern matters of bargaining and representation.
12. Impasse procedures, including fact-finding, mediation, arbitration and economic action so long as they are legal under state law. These costs may include preparation for strikes, slowdowns and work stoppages, regardless of their legality under state law, so long as no illegal conduct actually occurs.
13. The prosecution or defense of arbitration, litigation or charges to obtain ratification interpretation, implementation or enforcement of collective bargaining agreements and any other litigation before agencies or in the courts that concern bargaining unit employees and is normally conducted by an exclusive representative.
14. Legislative activities undertaken for negotiations, ratification or implementation of a collective bargaining agreement or to enhance or protect wages, hours and working conditions of bargaining unit members.
15. Operating and administrative expenses, salaries and benefits apportioned to chargeable items.
16. Lobbying and political campaigns related to negotiation, ratification or implementation of collective bargaining agreements.

The Fair Share fee does not include expenses, either direct or indirect, for the following **“non-chargeable”** activities:

- A. Political campaigns, “get out the vote” and voter registration activities.
- B. Supporting and contributing to charitable organizations, political organizations, candidates for public office, initiative measures, ideological causes and international affairs.
- C. Public advertising of the SLOCEA’s positions on issues other than negotiation, ratification, or implementation of collective bargaining agreements.
- D. Lobbying for purposes other than the negotiation, ratification or implementation of a collective bargaining agreement.

E. Organizing activities to obtain membership.

F. "Members only" benefits; such as group insurance, free financial planning, etc.

G. Litigation not related to bargaining unit matters, collective bargaining and representation.

The designated amount that the independent auditor has verified to be "chargeable" may be challenged once a year subsequent to the independent audit results. You must send a written letter expressing your challenge to SLOCEA within thirty (30) days following the distribution of the annual audit results. Upon receipt of your written challenge, SLOCEA will place the amount of the Fair Share fee deducted from your paycheck into an interest-bearing escrow account where it will remain until a decision has been rendered by an impartial arbitrator as described below.

As required by law, SLOCEA will pay for a qualified, impartial arbitrator, who will conduct a hearing and will rule on any challenge submitted during the 30-day period. SLOCEA will notify the arbitrator of any legitimate challenges submitted during that timeframe and the arbitrator will schedule a single hearing to resolve any such challenges pursuant to rules for impartial determination of union fees. Copies of these rules are available from the American Arbitration Association. The Arbitrator will notify you and SLOCEA of the date on which a hearing will be held. SLOCEA will bear the cost of the arbitrator's fees. However, each party is responsible for bearing the costs of their own representation/defense, including the costs associated with acquiring transcripts and any and all additional expenditures related to preparing and/or presenting its case. Attendance at the hearing is not considered to be authorized county business and each employee who attends must do so using personal leave time.

Please do not hesitate to contact SLOCEA should you have any questions regarding the audit or the Fair Share fee calculation. We would also welcome the opportunity to speak with you about the many benefits of becoming a SLOCEA member.

On behalf of the entire SLOCEA team, welcome to your new position with the County of San Luis Obispo. We look forward to your SLOCEA membership and the opportunity to serve you!

**SAN LUIS OBISPO COUNTY EMPLOYEES' ASSOCIATION  
AUTHORIZATION OF PAYROLL DEDUCTION  
FOR SLOCEA MEMBERSHIP DUES OR FAIR SHARE FEES**

Complete this form and return to SLOCEA at 1035 Walnut Street, San Luis Obispo, CA 93401.  
Please contact SLOCEA with any questions or concerns at (805) 543-2021 or visit our website at [www.slocea.org](http://www.slocea.org).

LAST NAME		FIRST NAME		MIDDLE	
HOME ADDRESS (NUMBER, STREET, APT. NO.)		CITY		STATE	ZIP CODE
SOCIAL SECURITY #	HOME PHONE #		HIRE DATE	GENDER	BIRTHDATE
DEPARTMENT	HOME E-MAIL ADDRESS			WORK LOCATION	

**AS A CONDITION OF EMPLOYMENT WITH THE COUNTY OF SAN LUIS OBISPO, YOU MUST SELECT ONE OF THE FOLLOWING:**

- ☐ **ASSOCIATION MEMBERSHIP:** I hereby apply for active membership in the San Luis Obispo County Employees' Association and agree to abide by all SLOCEA By-laws and Policies. I authorize appropriate deductions from my County wages for payment of dues and other programs that I may select. I also voluntarily authorize, at the discretion of the SLOCEA Board of Directors, the use of a portion of my dues for political action. (Political contributions are not tax deductible.) I understand that a portion of my annual dues is applied toward a yearly subscription to *The County Blade*.
- ☐ I choose not to have any portion of my dues allocated to SLOCEA's Political Action Committee. I understand that my dues will not increase or decrease because of this designation.
- ☐ **FAIR SHARE FEE:** I hereby apply for Fair Share Fee status. I understand that the Fair Share Fee is that portion of SLOCEA dues that have been determined to be the chargeable cost of representation for contract issues and that I **do not** have access to SLOCEA member-only benefits, the right to attend meetings, hold office, and voting privileges. I authorize appropriate deductions from my County wages for payment of Fair Share Fees.
- ☐ **CONSCIENTIOUS OBJECTOR:** If you are a member of a bona fide religion, body, or sect that has historically held conscientious objections to joining or financially supporting public employee organizations, you shall not be required to join or financially support SLOCEA as a condition of employment. You will be required, in lieu of dues, to pay sums equal to the Fair Share Fee to a nonreligious, nonlabor charitable fund exempt from taxation under Section 501(c)(3) of the Internal Revenue Code serving the residents of San Luis Obispo County, as designated by you from a list of organizations provided by SLOCEA. To claim Conscientious Objector status, please call SLOCEA to obtain the necessary paperwork. I authorize appropriate deductions from my County wages for payment of Conscientious Objector Fees.

\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**RECRUITER'S NAME and DEPARTMENT (Must be a SLOCEA member)**

Dues paid to the San Luis Obispo County Employees' Association are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

**FOR SLOCEA USE ONLY**

Org: \_\_\_\_\_

Job Class: \_\_\_\_\_

B.U.: \_\_\_\_\_

Hire Date: \_\_\_\_\_